



**Paid Time Off Waiver Form  
For CDCS and CSG**

Employee Name: \_\_\_\_\_ Employee Number \_\_\_\_\_

Name of Person Receiving Services : \_\_\_\_\_

Employees working in this program earn Paid Time Off (PTO) as soon as they begin working. Employees must be employed for 6 months or work 600 hours before they may use any PTO they have earned.

Employees may also choose to waive PTO and choose not to earn it. Please read the information below to make a choice of whether or not to earn PTO.

If you choose to waive the PTO then:

- You will no longer accrue PTO and will stop earning additional PTO.
- You can not retroactively waive PTO. This change will take effect beginning with the first date of the next pay period after the form is submitted.
- You will not be able to choose to earn PTO again until the next service plan year of the person you support. If you have questions about that date you may contact your employer or Mains'l manager.
- This waiver will stay in effect until you notify Mains'l in writing that you have chosen to begin earning PTO again and the new service plan year for the person you support begins.
- Any PTO that you have already earned is still available to use. Once any previously earned PTO has been used you will not have any PTO available for such things as vacations, hospitalizations of the person you support, or sick days.

I voluntarily chose to waive the right to earn Paid Time Off (PTO) for my work in CDCS or CSG.

I would like to continue to earn PTO for my work in CDCS or CSG.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Mains'l Use:**

New Pay code (if needed) \_\_\_\_\_ ISS adjusted for changes \_\_\_\_\_

Payroll adjusted to end PTO: \_\_\_\_\_ Effective Date \_\_\_\_\_